

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

Name HOFFMAN, Duane Allen

(Last)

(First)

(Initial)

Prisoner Number #2367852

Institutional Address SF Sheriff's Dept. County Jail 8, C-Pod, medical
MCL-04, 425 7th Street, San Francisco, CA 94103

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

Duane Allen Hoffman

(Enter the full name of plaintiff in this action.)

vs.

Sheriff Michael Hennessey Deputy Asha
S.F. Sheriff's Department Deputy Vargas
Deputy Conklin
Deputy McCaffee, SF Sheriff's Dept.
Deputy Markbrees, SF Sheriff's Dept.

(Enter the full name of the defendant(s) in this action)

Case No.

(To be provided by the Clerk of Court)

**COMPLAINT UNDER THE
CIVIL RIGHTS ACT,
Title 42 U.S.C § 1983**

[All questions on this complaint form must be answered in order for your action to proceed..]

I. Exhaustion of Administrative Remedies.

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement S.F. Sheriff's Department

B. Is there a grievance procedure in this institution?

YES (✓) NO ()

C. Did you present the facts in your complaint for review through the grievance procedure?

YES (✓) NO ()

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

- 1 Since my arrival here last may there
 2 have been numerous instances of anti-
 3 semetic and "hate" related incidents against me since I
 4 am an observant Orthodox Jew and a person dying of late Stage Aids.
 5 Since last Summer (I was placed in medical unit
 6 as of June of last year) I have had to endure
 7 constant anti-Judaic, anti-Jewish insults from many of the
 8 deputies here in C-Pod. I have complained about them via
 9 the grievance system to no avail. In late April of 2008,
 10 after my Rabbi and Senator Feinstein's office called
 11 Internal Affairs of SFSO they did come out to
 12 see me and interview me at length about all the many discriminatory
 13 (and "hate crime") related activities going on here in flagrante. We spoke
 14 openly and directly (naming all deputy names/times/date
 15 incidents, etc) and I.A. ~~detectives~~ detectives assured me there would be no retaliation
 16 for speaking to them. Since speaking to them the situation has become
 17 exponentially worse. I am now called "snitch ass Jew" "Fucking Kike Rat bastard"
 18 and many other vehemently threatening epithets to crude to mention.
 19 Also, last weekend my Bible, The legal paper pertaining to my District Court
 20 civil religious rights case, my Jewish Prayer Book were thrown against
 21 YES () NO () the wall and proceeded to assault me.
- 22 F. If you did not present your claim for review through the grievance procedure,
 23 explain why.

24 did present through grievance procedure -
 25 all attached.

26 II. Parties.

- 27 A. Write your name and your present address. Do the same for additional plaintiffs,
 28 if any.

29 Duane Allen Hoffman #2367852

30 CJ8 mcl-04 C-Pod (medical)

31 425 7th Street, San Francisco, Ca 94103

- 32 B. Write the full name of each defendant, his or her official position, and his or her
 33 place of employment.

34 1) Sheriff Michael Hennessey, Sheriff San Francisco, City Hall

35 2) Jan ~~Hinden~~ Dempsey, Undersheriff (Asst to Hennessey) City Hall, Room 456

36 COMPLAINT

37 3) Deputy O'Shea, SFSheriff's Dept, CJ8- C-Pod Deputy

38 4) Deputy Vargas, SFSheriff's Dept, CJ8- C-Pod Deputy

- 5) Deputy Marbree - SF Sheriff's Dept, C-Pod, CJ8 Deputy
- 6) Deputy MacAffee - SF Sheriff's Dept, C-Pod, CJ8 Deputy
- 7) Deputy Conklin - SF Sheriff's Dept, C-Pod, CJ8 Deputy

III. Statement of Claim.

State here as briefly as possible the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a

separate numbered paragraph. Since my being placed in C-Pod (CJ8) since last May of '08 I constantly been discriminated racially, religiously and that my legal/official mail is constantly being tampered with. The deputies (listed on this complaint) have continuously and vehemently made consistent Anti-semitic, crude and insulting comments to me, such as "One of the German Jews Hitler missed" "another Whining Jew" "You people think you must get everything special - learn that its Tail you bastard" "I write innuendable After my speaking to Internal Affairs of SFSO in late April about these matters and my Filing a §1983 Complaint (my Yarnica, Tallit Kattan confiscated and retaliatory acts made against me) on April 23rd the retaliation and level of threats and level of ~~threat~~ harassment has increased exponentially. Now called "Rat Jew Bastard" "Shitch Ass Kike", etc (by Deputies aforementioned) Room/religious articles/documents from pending US District Court Case thrown to Floor and I am threatened to "Withdraw your District Court Action For Yarnica/Tallit or else" This I refuse to do - I will never bow to intimidation. Last weekend, Sat May 16 2 officers (MacAffee and Marbree) kicked me out of wheelchair, held me down, kicked me and demanded

IV. Relief. Your complaint cannot go forward unless you request specific relief. State briefly exactly what you want the court to do for you. Make no legal arguments; cite no cases or statutes. I withdraw District Court Action, An Immediate injunction by the Honorable Court that the harassment, threats anti-semitism and violence stop against me forthwith and that all attempts by Sheriff's Dept. to withdraw the previous 1983 Complaint cease.

Federal Statutes and Case Law prohibiting tampering with mail
may v. Sheahan 226 F 3d. 876 (7th Cir 2000)

Antonelli v. Sheahan 81 F 3d. 1422 (7th Cir 1996)

Equal Protection Clause of 14th Amendment.

1st Amendment Free Exercise Clause Religious Freedom.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 19th day of May, 20 09



(Plaintiff's signature)

1
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7
8 **UNITED STATES DISTRICT COURT**
9 **NORTHERN DISTRICT OF CALIFORNIA**

10
11 Quane A. Hoffman Plaintiff,

12 vs.

13
14 Michael Hennessey Defendant.

CASE NO. _____

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

15
16 I, Quane A. Hoffman, declare, under penalty of perjury that I am the
17 plaintiff in the above entitled case and that the information I offer throughout this application
18 is true and correct. I offer this application in support of my request to proceed without being
19 required to prepay the full amount of fees, costs or give security. I state that because of my
20 poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21 entitled to relief.

22 In support of this application, I provide the following information:

23 1. Are you presently employed? Yes ___ No ☒

24 If your answer is "yes," state both your gross and net salary or wages per month, and give the
25 name and address of your employer:

26 Gross: incarcerated Net: N/A

27 Employer: N/A

28 N/A

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 imprisoned - SF County Jail
 5 850 Bryant / 425 7th Street
 6 CJ8 C-Pod, Medical MCL-04
San Francisco, CA 94103

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ___ No ☒
 10 self employment
- 11 b. Income from stocks, bonds, Yes ___ No ☒
 12 or royalties?
- 13 c. Rent payments? Yes ___ No ☒
- 14 d. Pensions, annuities, or Yes ___ No ☒
 15 life insurance payments?
- 16 e. Federal or State welfare payments, Yes ☒ No ___
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 May 2008 SSDI + VA benefits
 22 incarcerated - stopped as of that month

23 3. Are you married? Yes ___ No ___

24 Spouse's Full Name: N/A

25 Spouse's Place of Employment: N/A

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ N/A Net \$ N/A

28 4. a. List amount you contribute to your spouse's support: \$ N/A

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

NONE

5. Do you own or are you buying a home? Yes ___ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ___ No ☒

Make _____ Year _____ Model _____

Is it financed? Yes ___ No ___ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ___ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ___ No ☒ Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No ___

8. What are your monthly expenses?

Rent: \$ *incarcerated* Utilities: _____

Food: \$ _____ Clothing: _____

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<i>none</i>	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

none

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ___ No ✓

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

n/a

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

04/17/09

DATE

J. D. Hoffmann

SIGNATURE OF APPLICANT

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Alune A. Hoffman #2367852 for the last six months
[prisoner name]
[name of institution] where (s)he is confined.

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 13.33 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 508.24.

Dated: 4-21-09

lt #7891
[Authorized officer of the institution]

Account Activity Ledger

Time : 11:08

From : 07/31/2008 To : 04/21/2009

Trx Date	Time	Batch /Inv #	Trx #	Trx Type	Invoice	Deposit	Withdrawal	Other	Balance Forward
ID 2367852		Name HOFFMAN, DUANE		Block 8M CL 05		Previous Balance		0.00	
07/31/2008	10:19	B#305570	875718	Deposit		0.00			0.00
Comment Initial Entry				Cash					
07/31/2008	10:43	B#305591	875760	Deposit		254.00			254.00
Comment W/U FROM ABBY KOVALSKY 7/30				Money Order 8920157238					
08/06/2008	05:56	I#322116		Invoice	99.35				154.65
Comment Sales Transaction									
08/13/2008	05:50	I#323190		Invoice	72.42				82.23
Comment Sales Transaction									
08/20/2008	04:18	I#324304		Invoice	62.77				19.46
Comment Sales Transaction									
08/20/2008	18:22	B#310001	885566	Deposit		207.00			226.46
Comment WESTERN UNION				Money Order 8920182407					
08/27/2008	04:12	I#325420		Invoice	19.43				207.03
Comment Sales Transaction									
09/03/2008	04:47	I#326476		Invoice	92.94				114.09
Comment Sales Transaction									
09/08/2008	11:07	B#314071	894160	Deposit		1214.15			1328.24
Comment WESTERN UNION#8920473577 ABBY KOVALSKY				Cash					
09/10/2008	04:32	I#327585		Invoice	61.90				1266.34
Comment Sales Transaction									
09/17/2008	04:49	I#328713		Invoice	66.92				1199.42
Comment Sales Transaction									
09/24/2008	05:09	I#330077		Invoice	57.73				1141.69
Comment Sales Transaction									
10/01/2008	04:54	I#331184		Invoice	60.38				1081.31
Comment Sales Transaction									
10/08/2008	05:05	I#332286		Invoice	65.15				1016.16
Comment Sales Transaction									
10/15/2008	05:22	I#333431		Invoice	68.22				947.94
Comment Sales Transaction									
10/22/2008	05:10	I#334564		Invoice	69.00				878.94
Comment Sales Transaction									
10/29/2008	04:09	I#335705		Invoice	53.62				825.32
Comment Sales Transaction									
11/05/2008	05:14	I#336853		Invoice	54.00				771.32
Comment Sales Transaction									
11/12/2008	05:04	I#338017		Invoice	43.37				727.95
Comment Sales Transaction									

Account Activity Ledger

Time : 11:08

From : 07/31/2008 To : 04/21/2009

Trx Date	Time	Batch /Inv #	Trx #	Trx Type	Invoice	Deposit	Withdrawal	Other	Balance Forward
ID 2367852		Name HOFFMAN, DUANE		Block 8M CL 05		Previous Balance			727.95
11/19/2008	03:53	I#338965		Invoice	57.56				670.39
	Comment Sales Transaction								
11/26/2008	05:16	I#340327		Invoice	48.32				622.07
	Comment Sales Transaction								
12/03/2008	05:05	I#341443		Invoice	22.11				599.96
	Comment Sales Transaction								
12/10/2008	05:10	I#342610		Invoice	39.19				560.77
	Comment Sales Transaction								
12/18/2008	11:14	I#344297		Invoice	33.73				527.04
	Comment Sales Transaction								
12/24/2008	05:03	I#344895		Invoice	27.01				500.03
	Comment Sales Transaction								
12/26/2008	03:07	I#345027		Invoice	-1.75				501.78
	Comment Sales Transaction								
12/31/2008	04:59	I#346048		Invoice	21.73				480.05
	Comment Sales Transaction								
01/07/2009	05:03	I#347142		Invoice	36.20				443.85
	Comment Sales Transaction								
01/14/2009	06:27	I#348248		Invoice	35.08				408.77
	Comment Sales Transaction								
01/21/2009	05:26	I#349380		Invoice	8.75				400.02
	Comment Sales Transaction								
01/28/2009	05:35	I#350569		Invoice	24.05				375.97
	Comment Sales Transaction								
02/04/2009	05:39	I#351732		Invoice	46.65				329.32
	Comment Sales Transaction								
02/11/2009	05:37	I#352837		Invoice	40.85				288.47
	Comment Sales Transaction								
02/12/2009	03:38	I#352971		Invoice	-40.85				329.32
	Comment Sales Transaction								
02/18/2009	05:16	I#353975		Invoice	65.84				263.48
	Comment Sales Transaction								
02/25/2009	05:30	I#355098		Invoice	53.82				209.66
	Comment Sales Transaction								
03/04/2009	05:26	I#356216		Invoice	60.80				148.86
	Comment Sales Transaction								
03/05/2009	03:36	I#356350		Invoice	-4.14				153.00
	Comment Sales Transaction								

Account Activity Ledger

Time : 11:08

From : 07/31/2008 To : 04/21/2009

Trx Date	Time	Batch /Inv #	Trx #	Trx Type	Invoice	Deposit	Withdrawal	Other	Balance Forward
ID 2367852		Name HOFFMAN, DUANE		Block 8M CL 05		Previous Balance		153.00	
03/11/2009	05:34	I#357338		Invoice	52.23				100.77
Comment Sales Transaction									
03/23/2009	09:18	B#364085	1000176	Deposit		40.00			140.77
Comment B RODRIGUEZ CDL B5572067					Cash				
03/25/2009	04:53	I#359612		Invoice	50.99				89.78
Comment Sales Transaction									
04/01/2009	05:07	I#360726		Invoice	34.74				55.04
Comment Sales Transaction									
04/06/2009	11:48	B#367068	1006662	Deposit		40.00			95.04
Comment BEATRIZ RODRIGUEZ CDL B5572067					Cash				
04/07/2009	15:22	B#367418	1007370	Deposit		40.00			135.04
Comment ALFALIK JEFFERSON CADL#A7322643 EXP					Cash				
04/08/2009	05:34	I#361820		Invoice	76.00				59.04
Comment Sales Transaction									
04/09/2009	03:51	I#361973		Invoice	-1.05				60.09
Comment Sales Transaction									
04/15/2009	04:49	I#362957		Invoice	59.85				0.24
Comment Sales Transaction									
				Deposits	7	For \$	1,795.15		
				Withdraws	0	For \$	0.00		
				Invoices	40	For \$	1,794.91		

San Francisco County Jail Facility

Prisoner Grievance Form

Type of Grievance (Place an X in the corresponding category)		Date / Time: 8/9/08 Facility: CT 28 Deputy / Star# M/A 0114 Code LIT Log Number GED 509010
<input type="checkbox"/> Classification <input type="checkbox"/> Psych Services <input type="checkbox"/> Telephone	<input type="checkbox"/> Jail Medical Services <input type="checkbox"/> Food Services <input type="checkbox"/> Other	

Prisoner's Name: Hoffman, Dean **Jail #** 7367852 **Cell #**

Grievance (Please be specific: time, date, etc.)

Prisoner's Signature

Must be signed for all Medical / Psychiatric Grievances. I hereby authorize Jail Health Services to disclose information contained in my records which pertain to the above complaint to the Sheriff's Department.

Prisoner's Signature

Note: After you have finished and signed this form, take your PINK copy for your records.

Staff member's response:

Signature:

Date:

Prisoner's Signature:

☐ Satisfied With Response

☐ Prisoner Appeal

Supervisor's response:

I spoke to MR Hoffman. I advised him that Dep. O'Shea was a kitchen deputy on most days, and he felt the tray met the specs for kosher meals. I told Mr. Hoffman that I admonished Dep O'Shea for his comment, & his meals have been met. Fed

Signature: LT JIM KILLER

Date: 8/9/08

Prisoner's Signature:

☒ Satisfied With Response

☐ Prisoner Appeal

Facility Commander response:

Signature:

Date:

☐ Upheld Grievance Response

Original (Facility Copy)

Gold (Response To Prisoner)

Pink (Prisoner Copy)

San Francisco County Jail Facility

Prisoner Grievance Form

Type of Grievance: <u>I have also advised my lawyer, Rabbi, and Jewish services of this anti-semitic incident.</u> (Place an X in the corresponding category)		Date / Time: <u>8-6-08/1060 P</u>
Classification: <u>URGENT</u>		Facility: <u>08</u>
Jail Medical Services		Deputy / Star#: <u>Reppers 1700</u>
Psych Services		Code
Telephone		Log Number: <u>68080 8010</u>
Jail Food Services: <u>and</u>		2367852
Other Religious/Volunteer: <u>Seamus Rodney Chaf</u>		

Prisoner's Name: HOFFMAN, Duane Allen Jail # CT8 C-Pod Cell # CT8 MCL-05Grievance (Please be specific: time, date, etc.): on Tuesday evening, August 5th at approx.5:00pm my alleged "Kosher" meal was delivered to my hospital C-Pod Jail Room. Of course,there were several problems with the "Kosher" (in name only) tray and my Kosher PM supportsnack bag (to hold down my Aids, Parkinsons and brain injury) contained ordinarysliced Bologna (turkey Bologna with red dye/food coloring). When I politely, respectfullyasked Deputy D'Shea (the PM Deputy supervising dinner delivery) to please call down tothe kitchen to have the inmate worker to return the non-Kosher food so that snack bagand tray could be rectified. He then proceeded to tell me in a very loud voice that someRabbi he knew who visited the Jail many years ago said Jewish prisoners should be thankfulto God for any food they are given and eat it / not complain. I told them that Sgt. Wallace hadcome to speak to me earlier in the day about similar situations where officers had refused tobring food back to kitchen / assist in getting real Kosher food. He then told me to "back away" fromthe door and said Sgt. Wallace had no authority over his shift. Therefore I did not eatdinner orinformation contained in my records which pertain to the above complaint to the Sheriff's Department. Snack - disgraceful!Prisoner's Signature: Duane Hoffman (If you wish to prove my Aids/Parkinsons/military

Note: After you have finished and signed this form, take your PINK copy for your records. Injury - TBI with medical

Staff member's response:

PLEASE SEE ATTACHED MEMO.Signature: RC Date: 8/18/08Prisoner's Signature: Duane Hoffman ☐ Satisfied With Response ☐ Prisoner Appeal

Supervisor's response:

Signature: Date:

Prisoner's Signature: ☐ Satisfied With Response ☐ Prisoner Appeal

Facility Commander response:

Signature: Date:

Prisoner's Signature: ☐ Satisfied With Response ☐ Prisoner Appeal

Facility Commander response:

Signature: Date:

Prisoner's Signature: ☐ Upheld Grievance Response

Facility Commander response:

Signature: Date:

Prisoner's Signature: ☐ Upheld Grievance Response

Facility Commander response:

Signature: Date:

Prisoner's Signature: ☐ Upheld Grievance Response

Facility Commander response:

Original (Facility Copy)

Gold (Response To Prisoner)

Pink (Prisoner Copy)